

SEP 55
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URBAN DISTRICT OF TORPOINT

THE
ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1954

To the Chairman and Members of the Urban District Council of Torpoint

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Mr. Chairman, Ladies and Gentlemen,

On the information available to me the general state of health in the six County Districts in South-East Cornwall has been up to average during 1954, with a small worsening in the death rate being offset by a complete absence of maternal deaths, an improvement in the infant mortality rate, a lower incidence of infectious disease and a welcome improvement in figures for tuberculosis. In the memories of many of us the year 1954 will be recalled with little affection as one of cool, wet, sunless weather. It may be of interest that on the moors to the north of Liskeard the annual rainfall for 1954 was no less than 73 inches. It has been said that one of the main topics of our conversation in these islands is the weather, and many of us would like to attribute to our ever changing, and unpredictable, weather at least some of the blame for the ills to which human flesh is heir. I feel myself that for the majority of us the main influence of climate and weather is psychological rather than physical. It is true that at the extremes of life adverse or severe climatic conditions, worsened perhaps by man-made pollution of the air can have a serious or fatal outcome. For most however and especially those whose livelihood or leisure time pursuits are dependent on weather, the main effect is on mood and outlook. What cricketer does not feel gloom and despondency at the prospect of a wet Saturday afternoon, and what farmer or gardener does not feel energetic, and enthusiastic when the sun shines, and crops can be tended or gathered in. We now believe that our mental attitude to the world about us has much to do with certain diseases, and with climate and weather having so much to do with our outlook, and being for some such an important part of their environment, it might be said that it has at least an indirect effect on our health. Beyond this I do not think we can go, especially in our temperate climate where physically injurious extremes of heat and cold are not experienced.

During 1954 the total estimated population of the Area fell slightly by 1,286 to a figure of 51,990. Of the constituent districts St. Germans Rural District, Liskeard Rural District, Saltash Borough, Torpoint Urban District and Looe Urban District all showed small reductions in estimated population, and a small increase occurred in Liskeard Borough. The live birth rate at 15.5 per 1000 of population was fractionally below last year's rate, and is slightly above the national birth rate of 15.2. The still-birth rate at 25.0 per 1000 total births is slightly above the rate of 24.0 for England and Wales, and is greater than last year's rate of 19.0 per 1000 total births in this Area. The total number of deaths, 697, shows an increase of 31 over 1953, but the death rate of 11.4 per 100 of population is only fractionally above the national rate of 11.3. It is pleasant to be able to report that no deaths attributable to pregnancy and childbirth occurred in 1954. The total number of infants under 1 year of age dying in 1954 reached the record low figure of 13, giving a rate of 18.5 per 1000 live births as compared with the national rate of 25.5.

As in previous years the most common cause of death was heart disease. It was responsible for 42% of all deaths in the Area. Cancer of all types was the next most common cause, being responsible for 19% of all deaths in the Area. Amongst heart diseases the most common type causing death was coronary disease and angina. Of the cancers the most common single cancer was that affecting the stomach. The average age at death 66 years for males and 73 years for females approximated closely to the expectation of life in England and Wales as a whole. Of the 697 persons who died in this Area in 1954, some 318 or 45% were aged 75 years and over at the time of death.

In recent years the increased number of deaths due to cancer of the lung and bronchus has provoked much discussion of and speculation upon possible causes of the increased incidence of these cancers. In particular much attention has been given to the possible role of tobacco in causing or being associated with these cancers, but no really indisputable or finally convincing evidence linking tobacco has been produced so far. Nevertheless the indirect evidence

largely statistical in nature, and increasing in volume as years go by throws grave suspicion on tobacco, especially if taken in the form of cigarettes in moderate or heavy quantity over a protracted period. It will probably be many years before sufficient evidence can be accumulated to fix the cause or causes of these cancers, but in view of their increasing toll of life it is hoped that before long some means of reducing, if not preventing their incidence will be found. I thought you would be interested in having figures showing the effect of this form of cancer in South East Cornwall, and for that reason I have gone through the records of deaths from this disease over the five year period 1950-54. The results of my investigations appear in the form of two additional appendices to this report. The first shows deaths in actual numbers and sexes in the six County Districts, and in the whole Health Area. From this it appears that deaths from this cause have been more numerous in 1953 and 1954 than in the previous three years. Except for the year 1950 the preponderance of male over female deaths, almost 3 to 1, was less than the ratio of 5 to 6 male to 1 female deaths which obtains in the country as a whole. The second appendix shows comparative death rates per 1000 of the population in this Health Area, Cornwall County and England and Wales. From this it would appear that although the death rate has been increasing in all three cases, the relative number of deaths from cancer of the lung, and bronchus is less in this part of Cornwall, and in Cornwall County than in England and Wales generally.

In my Annual Report last year I expressed some concern about the relatively high incidence of new cases of tuberculosis in this Area. I am glad to be able to tell you of a considerable improvement in the position during 1954, when the total number of new cases notified fell to 39, a reduction of 24 on the figure for 1953. As far as individual districts were concerned, St. Germans Rural District and Saltash Borough showed marked reductions, Torpoint Urban District had a moderate reduction and Looe Urban District a small reduction. In Liskeard Rural District and Liskeard Borough there was a moderate increase in the incidence of the disease. The number of deaths from tuberculosis - 4 in all - is the lowest so far recorded in this Area, and represents a striking improvement on the average of 18 to 20 deaths from tuberculosis which occurred as recently as five years ago. My views on the possibility of the early eradication of tuberculosis remain substantially as stated in my last Annual Report, and I cannot yet share the views of those who believe that tuberculosis will very soon become as rare and unusual as diphtheria now is. Much as we all welcome the reduction in the number of deaths from tuberculosis, I feel that this fact is sometimes over-publicised in an endeavour to show that the tuberculosis situation is improving generally. Laudable as our success in checking tuberculosis mortality may be, the real victory will not be won until wholesale eradication of the disease removes the possibility of infection.

As a step towards controlling and preventing tuberculosis, the scheme for the B.C.G. vaccination against tuberculosis of children in the school leaving age group i.e. those attaining the age of 14 years during 1954, got under way during the early summer. Of the 507 school leavers eligible for vaccination some 395 received B.C.G. vaccine, and have thereby been stimulated to produce some resistance to the disease. The percentage of parents who refused to have their children vaccinated was 3% - a commendably low figure, whilst absentees did not exceed 6%. We were interested to find a low percentage - 13% - of positive reactors to the pre-vaccination Mantoux test. This latter finding suggests that school children in Cornwall are not exposed to a great deal of human or animal tuberculous infection. It also suggests that if these negative reactor children - about 80% of the school leaving population - who are devoid of any natural resistance to tuberculosis, had gone unprotected by vaccination into crowded city or urban communities where the level of tuberculous infection is usually higher, they might well have fallen victim to the disease. The relatively low degree of natural immunity disclosed by the scheme underlines the importance of present efforts to stimulate the production in these children of some artificial immunity or resistance to the disease through B.C.G. vaccination.

Reasonably good progress in the provision of new houses continued in all parts of the Area during 1954. In spite of the large number of new houses built since the war, there is still an appreciable demand for houses particularly in urban parts of the Area. The position is easier in the two rural districts, where most demands for rehousing can now be met without great delay. Now that the main demand for rehousing has eased, ones attention is being increasingly focussed on old, sub-standard houses, either singly or in groups, whose condition and state of dilapidation is such that the only means of dealing with them is by closing or demolition. Many of the people who occupy these houses have up to now been overlooked in the anxiety to provide new houses for families living under even worse conditions, and the occupants themselves, many of whom are unable or unwilling to pay the higher rent of a new house, have not been very active in drawing attention to their unsatisfactory living conditions. Early in 1954 the Ministry of Housing and Local Government directed that local authorities should now take up as a matter of urgency, and after a lapse of some 15 years, the question of slum clearance. All local authorities are now required to place before the Minister by August 1955 their proposals for dealing with slum areas and we all hope that this will mark the beginning of a campaign to eliminate worn-out, unsound and unhealthy dwellings, especially where in urban areas these are crowded together in small courtyards, and alleys. Naturally accommodation will have to be found for those displaced from slum houses and this inevitably means the provision of more new Council houses to meet this specific need, in addition to whatever programme of new construction is needed to meet normal demands. Whilst we all recognise and are anxious over the additional financial burden that slum clearance schemes will impose on national and local finances we cannot in justice provide up-to-date and healthy housing for a part of the community and allow dilapidated and unhealthy houses without convenience or amenity to continue as dwelling places. This Area being mainly rural in character the concentration of slum dwellings is nowhere very great, and it should be possible to find a slower and more gradual solution of the problem than is possible in large towns and cities.

In the field of water supply the principal event of 1954 was the constitution of the Liskeard and District Water Board. The primary task of this authority will be the supply of water in bulk to the Liskeard Rural District and the Borough of Liskeard. The latter authority has of course had an excellent supply for many years, and indeed the first part of the new Board's scheme is based on the expansion of reservoirs and treatment plant on St. Cleer Downs previously owned and operated by the Borough of Liskeard. Water from the River Fowey will be collected at a point near Trekieve Steps and will be fed by a large diameter intake main to the enlarged reservoir and treatment works at St. Cleer. From there it will be available for distribution over a wide area of the Liskeard Rural District and perhaps in later years to adjoining districts if required. The scheme should prove of great benefit to the Liskeard Rural District where at present the inhabitants are dependent on small local supplies of doubtful or frankly poor quality, liable to fail in dry weather. As with rural electrification it should do much to increase efficiency in, and remove some of the drudgery from the farming industry, and it might in some small way help to stem the drift of population away from rural areas to towns and cities. In other parts of the Area there were no outstanding developments in this field but progress was made extending and improving existing supplies.

As far as sewage disposal was concerned, although many schemes were prepared and sent forward for approval very little was done in the actual construction of sewage disposal plants on any scale. The great need for better sewage disposal is widespread and although the Ministry concerned agrees in principal with the need for such schemes, it is not possible in the national interest to allow unrestricted work to take place on all schemes put forward not only in this Area but throughout the whole country. Thus whilst members and officials of District Councils may be anxious to see rapid progress in the provision of proper sewage disposal arrangements, we must necessarily accept the restraints imposed by the Central Government.

The incidence of infectious disease (other than tuberculosis) was light during 1954, the total of 706 cases representing a large reduction of the figure of 1917 cases in 1953. The most prevalent diseases were whooping cough with 496 cases, measles with 59 cases, pneumonia with 56 cases and Sonne dysentery with 54 cases. There were 4 cases of poliomyelitis, of which two were non-paralytic. One case only of food poisoning was notified. There were two deaths from whooping cough, both in infants under one year of age.

At the time of writing this Report the news of a new and apparently successful vaccine against poliomyelitis is still fresh in our minds. This Salk vaccine has been prepared, perfected and tried out on a large number of children in America, and preliminary reports suggest that it affords some protection against this disease. It is obviously much too early to form any reliable judgement of the efficiency of this newest weapon in the battle against poliomyelitis, and indeed, within a very short time of the first announcement concerning the vaccine, reports of vaccinated children developing paralytic poliomyelitis have emphasised the need for caution in our approach to this subject. It would be too much to expect that the use of such a new and relatively untried remedy would be free of pitfalls, and disappointments. In spite of, and perhaps because of such setbacks advances in knowledge and technique will follow, and I feel the future in this field of disease prevention holds much promise. Up to now effective control of poliomyelitis involving as it did early recognition of cases, and close surveillance of, and control over contacts, was difficult if not impossible to establish. It must therefore be the earnest wish of all of us that the efforts now being made to control and prevent poliomyelitis by a suitable vaccine will be crowned with ever increasing success - such success as we have witnessed in the past 14 years in the wonderfully effective campaign against diphtheria.

I have written just now of the success of the immunisation campaign against diphtheria. The effect of this has been to almost completely banish this disease from our midst, and many of our younger parents will have little or no recollection of the period prior to 1941 when diphtheria affected tens of thousands of children and caused hundreds of deaths. They may be tempted to think that diphtheria has disappeared for all time, and that immunisation is no longer necessary. At the risk of being considered tedious and repetitive, I must again warn parents of young children that if immunisation is neglected it may not be very long before diphtheria is again prevalent, and causing suffering and deaths amongst children. It is most important that all infants be immunised against diphtheria by the time they are six months of age, and I hope parents of young babies will make every effort to see that this is done. The amount of pain and suffering associated with the three injections required is so trivial that no parent can reasonably put this forward as an excuse for delaying or neglecting to have this simple, but all-important procedure carried out. Moreover some protection against whooping cough can now be ensured through the same series of injections, thus helping the young child to form its own defences against two diseases which previously took a heavy toll of infant life.

The welfare of old people, particularly those living alone, continued to cause anxiety during 1954. In most cases it was possible to persuade old persons who could no longer adequately care for themselves to enter a home or institution where they would be cared for. In one instance where an old lady of 75 years was found living in a large house under the most appallingly filthy and verminous conditions, and all effort at persuasion had failed, it was necessary to make an application under the National Assistance Act, 1948, Section 47 to a Court of Summary Jurisdiction for an order to compulsorily remove her to Lamellion House, Liskeard. **After considering the evidence put before them the Magistrates made the necessary Order, and the old person was removed to Lamellion House. She remained there for some months apparently content, but following an attack of senile dementia had to be removed to St. Lawrences Hospital, Bodmin, where she has remained.**

I would not wish to close this preface without expressing my sincere thanks to the members and officers of District Councils from whom I have at all times received assistance and encouragement in carrying out my duties during the year 1954. I trust that I may count on their continued co-operation for as long as it is my privilege to serve the interests of Public Health in this Area.

I have the honour to be,
Mr, Chairman, Ladies and Gentlemen,

Your obedient Servant,

F.J. FOX

Medical Officer of Health.

TORPOINT URBAN DISTRICT.

Public Health and Water Committee

Councillor H.E. Jago Chairman

Councillor R.W. Goad Vice-Chairman

together with six other Members of the Council. This Committee meets once a month and deals with the great majority of matters affecting public health.

Housing and Works Committee.

Councillor F.W. Short Chairman

Councillor W.F. Hall Vice-Chairman

together with eight other Members of the Council. This Committee meets once a month, and deals with a small number of matters affecting public health.

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Public Health Officers of the Authority.

P.J. Fox, M.B., B.Ch., B.A.O., D.P.H.,
Medical Officer of Health.

W. Hogarth, M.R.S.I., C S I B.,
Senior Sanitary Inspector, Highways Surveyor
and Water Engineer.

✱A.H. Gelder, M.R.S.I.,
Additional Sanitary Inspector.

✱ From 5.12.54.

TORPOINT URBAN DISTRICT.

Area of Urban District	975 acres
Registrar General's estimate of 1954 population	6210
Number of Inhabited Houses	1182
Rateable Value of Urban District	£40,087
Sum represented by Penny Rate	£160

Vital Statistics for 1954.

Live Births	<u>Male</u> 38	<u>Female</u> 26	<u>Total</u> 64
	<u>Torpoint</u> <u>U.D.</u>	<u>Health Area</u> <u>No: 7</u>	<u>England &</u> <u>Wales</u>
Birth rate per 1000 of population	13.0	15.5	15.2
Still Births	<u>Male</u> 2	<u>Female</u> —	<u>Total</u> 2
	<u>Torpoint</u> <u>U.D.</u>	<u>Health Area</u> <u>No: 7</u>	<u>England &</u> <u>Wales</u>
Still Birth rate per 1000 total births	30.3	25.0	24.0
Deaths	<u>Male</u> 25	<u>Female</u> 20	<u>Total</u> 45
	<u>Torpoint</u> <u>U.D.</u>	<u>Health Area</u> <u>No: 7</u>	<u>England &</u> <u>Wales</u>
Death rate per 1000 of population	10.1	11.4	11.3
Maternal deaths		None Registered	
Deaths of infants under one year of age		None Registered.	

Principal Causes of Death at All Ages.

Heart disease	16
Cancer (all sites)	10
Vascular lesions of the nervous system ("stroke")	8
Genito-urinary disease	3
Respiratory disease	2
Circulatory disease	2

Average Age at Death

<u>Males</u> 68	<u>Females</u> 70
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The birth rate though slightly above last year's figure is still below the national rate. There was a small increase in the death rate, which is, however, still below the rate for England and Wales. For the eighth successive year there were no maternal deaths, and no deaths of infants were registered. The principal defined causes of death correspond with the pattern in the Health Area and the country as a whole, with heart disease and cancer as the two chief causes of death. The average age at death is close to the national figure.

Infectious Disease.

The total of 21 cases of infectious disease notified during 1954 is the lowest recorded since 1950. The only disease which showed any appreciable prevalence was whooping cough of which 13 cases were notified. There were two cases of poliomyelitis, one of which was a non-paralytic type. Both infections occurred in

children below school age. There were no deaths from infectious disease during the year.

The following are details of actual numbers, and case rates of notifiable infectious disease during 1954:-

<u>Case rate per 1000 of population</u>			
<u>Disease</u>	<u>Cases</u>	<u>Torpoint U.D.</u>	<u>Health Area No:7</u>
Whooping cough	13	2.09	9.54
Scarlet Fever	4	0.64	0.42
Measles	2	0.32	1.13
Paralytic polio-myelitis	1	0.16	0.04
Non-paralytic polio.	1	0.16	0.04

Tuberculosis.

During the year 6 new cases of tuberculosis - 4 respiratory and 2 non-respiratory infections - were notified. This is an improvement on the total of 9 new cases in 1953, and is the best figure recorded since 1949. The main weight of infection fell on persons in early adult life there being 4 cases in the 15 - 45 year age group. There were no deaths from tuberculosis during the year.

The following are details of new cases, and case rates, during 1954:-

<u>Age Group</u>	<u>New Cases</u>	
	<u>M</u>	<u>F</u>
0 - 1	-	-
1 - 5	-	-
5 - 15	1	-
15 - 45	2	2
45 - 65	-	-
65 and over	-	1

<u>Rate per 1000 of population</u>		
	<u>Torpoint U.D.</u>	<u>Health Area No:7</u>
New Cases	0.97	0.75
All cases	7.41	6.73

At the end of 1954, there were 37 known cases of respiratory tuberculosis, and 9 known cases of non-respiratory tuberculosis residing in the Urban District.

National Assistance Act, 1948.

No action under Section 47 of this Act was called for during 1954.

Water Supply.

As recently as 1949 the water supply to the town had to be severely curtailed in order to conserve the inadequate supplies available from the Council's reservoirs at Eglaroose and Craithole. Much of the trouble was caused by an accumulation of mud, and other foreign matter in the reservoirs whereby their capacity to store water was materially reduced. In addition the town's distribution mains, which had been shaken and damaged by war-time bombing, were believed to be leaking in many places. It was then clear that if something could not be done to improve water supplies to the Urban District, future development, and especially the provision of badly needed new housing, would be seriously slowed down. About this time the surveyor and Sanitary Inspector, Mr. W. Hogarth, started on the long, slow and painstaking task of over-hauling and improving the water undertaking. One of the first things to be done was a careful scrutiny and check of the distribution mains in the town. Many leaks, some of them of considerable size, were discovered and dealt with and in this way thousands of gallons per day of valuable water were conserved. About the same time a start was made on the work of cleaning great

accumulations of mud, weed and other foreign matter which over the course of years had built up below water level on the floors of Craffthole and Eglaroose reservoirs. This was a task of considerable magnitude which could only be carried out during the winter and early-spring months and it was some three or four years before a satisfactory result was achieved. Simultaneously with these efforts to increase and improve storage capacity, and curtail avoidable waste, the possibility of tapping convenient new sources of supply was considered and it was found that some 20,000 gallons per day could be obtained from a reliable source at Pool Farm, Sheviok. Following the completion of certain necessary works and the installation of electric pumping plant, water from this new source became available in March, 1954, and proved a most useful supplement to the other main sources of supply at Eglaroose, and Craffthole. There are still grave losses of stored water at Eglaroose reservoir where the impounding dam is unsound. It is hoped to undertake extensive repairs to this dam early in 1955, and if these can be undertaken, and successfully completed the Council's water supply undertaking should be in a position to hold out against fairly prolonged periods of dry weather, without the necessity for difficult and tiresome restrictions on domestic and trade consumers. Unfortunately the quality of the water derived from some sources, notably the streams feeding Eglaroose reservoir, is far from good and there is little which can be done to improve this unsatisfactory state of affairs. It is therefore necessary that the plant for filtering impurities from the raw water and sterilising it should be really effective. The present plant although it has so far never failed to provide palatable water is out of date, and difficult to manage and the margin of safety against error is not great. In these circumstances it is most desirable that a modern filtration and chlorination plant should be installed, and the Council is in fact taking preliminary steps in this direction.

I have written at some length on the subject of water supply because it demonstrates how a very difficult, almost an impossible situation can be retrieved by carefully planned and painstaking remedial measures. In 1949, most of us who were acquainted with the faults and failings in the Council's water supply undertaking, could feel little but pessimism when we tried to look ahead to a solution of the difficulties. To his great credit, the Council's Surveyor and Chief Sanitary Inspector, Mr. Hogarth, though sharing some of our pessimism, refused to be overawed by the difficulties he could see lying ahead, and by dint of carefully planned, methodical steps carried out quietly over the past five years, he has transformed and redeemed an apparently hopeless situation. If and when the leaks in the Eglaroose dam are staunches, the town should have available a quantity of water which if not equal to extravagant demands, will be fully adequate to meet normal requirements for some time.

Sewerage and Sewage Disposal.

During 1954 no changes or developments in the present system of discharging crude, untreated sewage into the tidal estuary of the Hamoaze took place, and none are contemplated.

Food.

The main activity in connection with food continued to be the regular inspection of all premises in which food is handled, prepared and served. In general standards were found to be reasonably good, and traders were co-operative in adopting suggestions for improving methods and equipment in their shops.

The handing back of meat trading to private enterprise caused no difficulties, and no private slaughter houses were opened in the Urban District.

Food Poisoning Outbreaks.

There were no such outbreaks during 1954.

Clean Food Campaigns.

No such campaigns were undertaken during 1954.

Housing.

A further 44 houses and flats on the Queen's Park Estate have substantially completed during the year, whilst a start was made on the building of 18 bungalow type dwellings for old people. Up to the present the rehousing programmes in this part of Cornwall have made little or no provision for the needs of old people, and it is very encouraging to see the practical recognition which this problem is receiving in Torpoint. If old people can live at home, their lives are very much happier, and they are less of a charge on rates and taxes than if living in homes or institutions.

A rough preliminary survey of old, sub-standard, unhealthy houses in the town shows that some 84 dwellings of this type will fall to be dealt with under slum clearance procedure during the next five years. Most of this property is situated close to the waterfront and the ferry terminus.

Factories Act, 1937 and 1948.

No difficulties in applying the provisions of these Acts were experienced during 1954.

Report of the Sanitary Inspector.

This report by Mr. Wilson Nogarth, M.R.S.M., C.S.I.D., the Sanitary Inspector and Surveyor follows. I wish to thank Mr. Nogarth for the assistance he has at all times afforded me during the year 1954.

Sanitary Inspector's Report for 1954.

Sanitary Circumstances of the Area.

Water Supply.

Further steps were taken during the year to place the Council's water supplies on a firm footing. The installation of the plant to pump water at a rate of 20,000 gallons per day from Pool Farm near Sheviok and which was mentioned in last year's report, was completed in March. Although the rainfall for the summer months was above the average, this electrically driven pump materially assisted in maintaining a full reserve of water in the Eglaroose reservoir.

The position at Eglaroose reservoir continues to give some cause for concern and during the latter months of this year the Council called in a Consulting Civil Engineer to report on the state of the concrete dam, and the Engineer's report made it clear to the Council that early repairs to the dam were indicated because of serious water leakages. It was recommended that cementation under pressure from bore-holes in the dam itself should be employed and the Council intends to proceed with this. The Consulting Engineer was also instructed to report on the state of filtration of water from this reservoir with a view to the possible installation of either rapid gravity or pressure filters so as to ensure a wholesome water supply. It is hoped that this report will come to hand in the near future.

The remaining source of water supply, namely Craffthole reservoir has again been emptied for cleaning purposes and many thousands of tons of mud and weed have been removed by means of hydraulic pumps, thus improving the storage capacity and purity of an already good source of supply.

Sampling.

Thirty samples of raw and treated water have been taken during the year and submitted for bacteriological examination at the Public Health Laboratory. All but one sample of treated water proved to be sterile. This one suspicious result was followed up and after fitting of a new tap and sink samples proved to be sterile.

Samples of raw and treated water were submitted to the Public Analyst for chemical analysis and were found to be satisfactory.

Drainage and Sewerage.

The sewerage system of the town continues to function satisfactorily, except that at times of sudden and heavy rainfall, surcharging of the sewers in the lower parts of the town takes place, and in only one instance has serious flooding resulted, and this is at a low level on the trunk road known as Clarence Place. It was found, however, that the surface water drainage of the trunk road was partially responsible for this and the County Council, as agents for the Ministry of Transport, laid a new surface water sewer; but since then there has been no rain storm approaching cloud burst severity and the Council is consequently not yet satisfied that any alteration to the sewer is necessary.

Refuse Collection and Disposal.

The system of refuse collection and disposal continues to be satisfactory and strictly controlled tipping is carried out at Borough Quarry, where tipping began in 1953, but this tip is being filled up very rapidly and the rate will increase as the town and the naval establishments in the District expand. The installation of an incinerator plant is clearly indicated.

Housing.

The Council's contract for the erection of 144 houses and flats on the Queen's Park Estate was substantially completed and in addition a start was made with the building of 18 Old People's Bungalows, an additional three having been already completed.

A possible slum clearance scheme in the District will necessitate an extension of the housing programme, and allowance for this has already been made in the Council's future plans.

All nuisances were abated, the majority being abated by negotiation with the owner and without recourse to prosecution.

Slum Clearance.

A preliminary survey of 84 houses has been made with a view to planning a five year clearance scheme in accordance with the requirements of the Ministry of Housing and Local Government.

Factories.

Fourteen premises registered as Factories have been inspected. This is three less than in 1953, three premises having ceased to be factories. No notices have been served.

Shops and Food Premises.

In the District twelve premises are registered under the Food and Drugs Act, 1938, for the sale of pre-packed ice cream and one for the manufacture of ice cream. One butcher's shop is registered for the manufacture of sausages.

The 43 food premises in the District are as follows:-

- 2 Ice cream only.
- 9 Ice cream, grocery and general stores.
- 2 Ice cream, also restaurants.
- 4 Butchers' shops.
- 1 Guest house.
- 9 Grocery and general stores.
- 3 Confectioners.
- 1 Bakery.
- 2 Fish and chip shops.
- 2 Greengroceries.
- 1 Greengrocery and wet fish.
- 1 Fish and chip, and wet fish.
- 6 Public Houses.

Five distributors of milk are registered and licensed annually, and one confectioner has been registered and licensed as a retail purveyor of Cornish Cream. All milk with the exception of a small quantity bottled at Carbeile Farm, is pasteurised. The supply of raw milk from this farm was discovered recently when sampling during delivery. Most of the milk from this distributor, however, is "Pasteurised" at Dawes Creamery where the bulk of this farm's milk is sent. As this District is to be included in a specified Area after 1st October, 1955, this one source of untreated milk will cease.

All food premises have been inspected regularly and suggestions made verbally and by letter to shop-keepers have led to a continued good standard of cleanliness.

No educational activity has been undertaken as regards food hygiene.

Sampling.

Twelve samples of ice cream were taken, eleven of which were placed in Grade I and one in Grade II. This Grade II sample was followed up and resulted satisfactory Grade I samples.

Twenty samples of milk were taken, all of these being satisfactory.

The following amounts of food have been voluntarily surrendered as unsound and disposed of at the Council's refuse tip:-

- 4 - 6 lb. tins Corned Beef.
- 1 - 5 lb. tin Corned Beef.
- 1 - 4 lb. tin Pressed Beef.
- 5 - 5 lb. tins Brisket of Beef.
- 5 stones of Moke.
- 1 - 7 oz. tin Luncheon Meat.
- 2 - 12 oz. tins Minced Meat Loaf.

There is no slaughterhouse within the Urban District.

Rodent Control.

Ten per cent baiting and poisoning has been carried out in conjunction with the Divisional Inspector of the Ministry of Agriculture and Fisheries. Results have shown that there is relatively no infestation in the sewers or the new refuse tip.

Sanitary Inspections of the Area.

I. INSPECTION OF DWELLING HOUSES DURING THE YEAR:-

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|--|-----|
| 1.(a) Total number of dwelling houses inspected for defects (under Public Health and Housing Acts) | 187 |
| (b) Number of inspections made for the purpose | 779 |
| 2.(a) Number of dwelling-houses (included in sub-head 1. above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 | 84 |
| (b) Number of inspections made for the purpose | 84 |
| 3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. | 46 |
| 4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation | - |

* This number is the 84 houses inspected during the preliminary Slum Clearance Survey.

II REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES:-

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	11
---	----

III ACTION UNDER STATUTORY POWERS DURING THE YEAR:-

(a) Proceedings under Sections 9,10 and 16 of the Housing Act, 1936

- | | |
|---|---|
| 1. Number of dwelling houses in respect of which notices were served requiring repairs | 2 |
| 2. Number of dwelling houses in which defects were remedied after service of formal notices:- | |
| (a) by owners | 2 |
| (b) by Local Authority in default of owners | - |

(b) Proceedings under Public Health Acts:-

- | | |
|---|----|
| 1. Number of dwelling houses in respect of which notices were served requiring defects to be remedied | 16 |
| 2. Number of dwelling houses in which defects were remedied after service of formal notice:- | |
| (a) by owners | 5 |
| (b) by Local Authority in default of owners | - |

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:-

- | | |
|--|-----|
| 1. Number of dwelling houses in respect of which Demolition Orders were made | NIL |
| 2. Number of dwelling houses demolished in pursuance of Demolition Orders | NIL |
| 3. Number of undertakings not to use unfit houses accepted | NIL |

(d) Proceedings under Section 12 of the Housing Act, 1936

- | | |
|--|-----|
| 1. Number of separate tenements or under-ground rooms in respect of which Closing Orders were made | NIL |
| 2. Number of separate tenements or under-ground rooms in respect of which Closing Orders were determined, the tenement of rooms having been rendered fit | NIL |

IV HOUSING ACT, 1936, PART IV - OVERCROWDING:-

- | | |
|---|-----|
| (a) 1. Number of dwellings overcrowded at the end of the year | NIL |
| 2. Number of families dwelling therein | NIL |
| 3. Number of persons dwelling therein | NIL |
| (b) Number of new cases of overcrowding during the year | NIL |
| (c) 1. Number of cases of overcrowding relieved during the year | NIL |
| 2. Number of persons concerned in such cases | NIL |

- | | |
|--|----|
| (a) Drains tested | 36 |
| No. of visits re drainage | 47 |
| (b) Visits re infectious diseases | 4 |
| Premises disinfected | 1 |
| (c) Inspections of Food Premises | 75 |
| (d) Inspections of shops under Shops Act | 34 |
| (e) Inspection of Factories | 14 |
| (f) Preliminary Inspection of houses for slum clearance plan | 84 |

During the period January 1954 to December 1954 there was no Additional Sanitary Inspector.

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1954.

DISEASE	ST. GER- MANS R.D.	LIS- KEARD R.D.	SALT -ASH M.B.	TOR- POINT U.D.	LIS- KEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Heart Disease	70	76	29	16	66	25	282
Cancer (all sites)	46	26	18	10	12	13	125
Vascular lesions of the nervous system ('stroke')	21	20	21	8	19	2	91
Respiratory disease	15	18	7	2	3	2	47
Circulatory disease	14	6	6	2	4	2	34
Genito-urinary disease	7	1	6	3	-	3	20
Accidents	7	2	6	-	2	3	20
Digestive disease	3	3	3	1	-	-	10
Suicide	1	2	1	-	1	1	6

APPENDIX 2

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1954.

TYPE OF DISEASE	St. GER- MANS R.D.	LIS- KEARD R.D.	SALT -ASH M.B.	TOR- POINT U.D.	LIS- KEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Coronary disease, angina	26	25	10	8	5	8	82
High blood pressure with heart disease	7	3	2	3	8	-	23
Other heart disease	37	48	17	5	53	17	177
Cancer of stomach	13	6	2	2	1	4	28
Cancer of breast	3	3	4	1	2	1	14
Cancer of lung and bronchus	4	3	2	1	2	1	13
Cancer of womb	-	2	-	-	1	-	3
Other cancers	26	12	10	6	6	7	67

APPENDIX 3.

DEATHS BY AGE GROUPS - 1954.

DISTRICT	0 - 5 YEARS	5 - 15 YEARS	15 - 45 YEARS	45 - 65 YEARS	65 - 75 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D.	4	3	13	43	65	87	215
LISKEARD R.D.	3	1	3	34	50	72	163
SALTASH M.B.	5	1	3	29	27	40	105
TORPOINT U.D.	-	-	4	8	16	17	45
LISKEARD M.B.	-	-	-	12	29	74	115
LOOE U.D.	2	-	1	11	12	28	54
HEALTH AREA NO.7	14	5	24	137	199	318	697

APPENDIX 4.

AVERAGE AGE AT DEATH - 1954.

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	67	69
LISKEARD R.D.	63	71
SALTASH M.B.	61	72
TORPOINT U.D.	68	70
LISKEARD M.B.	76	79
LOOE U.D.	63	74
HEALTH AREA NO.7	66	73

APPENDIX 5

TUBERCULOSIS
NEW CASES AND DEATHS IN HEALTH AREA NO.7 - 1954.

AGE GROUP	NEW CASES		DEATHS	
	M	F	M	F
0 - 1 year	-	-	-	-
1 - 5 years	1	-	-	-
5 - 15 years	3	2	-	-
15 - 45 years	11	9	1	1
45 - 65 years	8	3	-	-
65 years and over	1	1	2	-
Totals	24	15	3	1

	MALES	FEMALES
CASE RATE PER 1000 OF POPULATION	0.46	0.29
MORTALITY RATE PER 1000 OF POPULATION	0.06	0.02

CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION
IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO.7 - 1954.

DISTRICT	NEW CASES	TOTAL CASES AS AT 31.12.54	DEATHS
ST. GERMANS R.D.	0.31	6.41	0.06
LISKEARD R.D.	1.07	5.91	-
SALTASH M.B.	0.40	6.55	0.13
TORPOINT U.D.	0.97	7.41	-
LISKEARD M.B.	1.38	10.09	0.23
LOOE U.D.	1.09	6.54	0.27
HEALTH AREA NO.7	0.75	6.73	0.08.

APPENDIX 6.

DEATHS BY SEXES FROM CANCER OF LUNG
AND BRONCHUS IN THE FIVE YEAR PERIOD 1950 - 1954.

YEAR	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO: 7
1950	M.1	M.2	M.1	NIL	M.2	M.1	M.7 F.NIL
1951	M.3	M.2	M.1	NIL	F.2	F.1	M.6 F.3
1952	NIL	NIL	M.1	F.1	F.1	M.1	M.2 F.2
1953	M.7 F.1	M.2 F.1	NIL	F.1	NIL	M.1	M.10 F.3
1954	M.3 F.1	M.1 F.2	M.2	M.1	M.1 F.1	M.1	M.9 F.4
TOTALS	MALES 14 FEMALES 2	MALES 7 FEMALES 3	MALES 5 FEMALES -	MALES 1 FEMALES 2	MALES 3 FEMALES 4	MALES 4 FEMALES 1	MALES 34 FEMALES 12

APPENDIX 7

DEATH RATES PER 1000 OF POPULATION FOR CANCER
OF LUNG AND BRONCHUS - 1950 - 1954.

YEAR	HEALTH AREA NO.7.	CORNWALL COUNTY	ENGLAND AND WALES
1950	0.13	0.18	0.28
1951	0.17	0.22	0.30
1952	0.08	0.21	0.32
1953	0.24	0.22	0.34
1954	0.25	0.27	0.40